

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044646

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

381
FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)

PARSON CREEK TOWNSHIP

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

LINN

c. CITY OR TOWN

MEADVILLE

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

4 MILES S. OF MEADVILLE

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

4 MILES S.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WILLIAM

JOHN

SMITH

4. DATE OF DEATH

Month

Day

Year

11-29-63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-27-89

9. AGE (last birthday)

74

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

AGRICULTURE

11. BIRTHPLACE (City and state or country)

LACLEDE, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM T. SMITH

13b. MOTHER'S MAIDEN NAME

CASSIE LIGGOTT

14. NAME OF HUSBAND OR WIFE

LOUISA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

LOUISA SMITH, MEADVILLE, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Paralysis of Respiratory Muscles
Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

2 days

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-15-63 to 11-29-63 and last saw him alive on 11-29-63

Death occurred at 10:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. B. Bryan DO.

22b. ADDRESS

Wheeling Mo.

22c. DATE SIGNED

12-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-1-63

23c. NAME OF CEMETERY OR CREMATORY

MEADVILLE CEMETERY

23d. LOCATION (City, town, or county)

MEADVILLE, MO.

(State)

24. FUNERAL DIRECTOR

WRIGHTS - MEADVILLE, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-1-63

26. REGISTRAR'S SIGNATURE

Allen Watson

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

MR. Hight

Licensed Embalmer No.

4655

P. O. Address

Meadville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)✓

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.